

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
Guidance for Submitting Applications  
For Fiscal Year 1998 Supplemental Funds**

**Purpose**

CDC announces the availability of Fiscal Year (FY) 1998 supplemental funding under Program Announcement 804 for HIV prevention cooperative agreement projects undertaken by State and local health departments. Consistent with Congressional guidance for FY 1998, the purpose of this supplemental funding is to assist State and local health departments to **(A) address general high-priority program needs identified through HIV prevention community planning, (B) support minority community-based organizations (CBOs) in addressing high-priority HIV prevention needs of African American and Latino communities, (C) provide priority prevention services to HIV-infected individuals, and (D) enhance HIV prevention program evaluation capacities.**

**Eligible Applicants**

Current recipients of HIV prevention cooperative agreements under Program Announcement 804 are eligible for funding under this announcement unless the State and local health department has been determined by CDC to be out of compliance with current requirements for HIV prevention community planning based on findings and recommendations from the CDC external review in

November 1997.

## **Availability of Funds**

- 1. Availability** Approximately \$15.5 million is available to supplement current awards for HIV prevention. Funding priorities will be limited to supporting activities, interventions, and services directly related to the attached Congressional guidance for 1998 and assisting in building capacities for program evaluation and accountability. Awards are anticipated to range from \$1,200 to \$1,000,000.
- 2. Funding Categories** CDC expects to allocate \$15.5 million into four categories of program activities and services: **(A) general high-priority program needs identified through community planning (\$5.6 million), (B) minority CBOs (\$4.0 million), (C) services for HIV-infected individuals (\$3.9 million), and (D) program evaluation (\$2.0 million).** These estimates may vary.

  - A. Address general high-priority program needs (Restoration of CDC Tap)** Approximately \$5.6 million will be allocated to address general high-priority prevention program needs identified through community planning. All eligible States and local health departments will receive an award to address general high-priority program needs that have been identified and prioritized through

HIV prevention community planning, including priority needs recently created by the FY 1998 administrative reduction of CDC extramural grant programs (CDC Tap). Each applicant will receive an amount equal to the amount they were reduced in their basic award by the CDC Tap. From a national perspective, the level of program support currently directed to racial and ethnic minority communities, injection drug user (IDU) populations, men who have sex with men (MSM), and HIV-infected individuals appears to be less than current epidemiologic trends indicate is necessary. Therefore, you are encouraged to give special consideration to addressing needs of these populations.

**B. Support minority community-based organizations in addressing high-priority HIV prevention needs of African American and Latino communities.**

**(Competitive)** Approximately \$4.0 million will be awarded on a competitive basis to support racial and ethnic minority CBOs in addressing high-priority HIV prevention needs of African American and Latino populations that have been identified as high risk through HIV prevention community planning, such as IDUs and MSM. CDC will objectively review and rank each application. CDC

will select 20-30 project areas that are most highly ranked and hold budget discussions with each applicant to determine a reasonable amount to support its program service needs. During this process, CDC will consider the magnitude of need identified in each jurisdiction as measured by the number of reported AIDS cases during the last 3 years for which data are available. States that score highest will have their needs funded first. It is unlikely there will be enough funding available to support minority CBOs in every jurisdiction that applies. For purposes of this announcement, minority CBOs are defined as those that have (1) a governing board composed of more than 50% racial or ethnic minority members, (2) a significant number of minority individuals in key program positions (including management, administrative and service provision) who reflect the racial and ethnic demographics and other characteristics of the population to be served, and (3) an established record of service to a racial or ethnic minority community or communities. In addition, if the minority organization is a local affiliate of a larger organization with a national board, the larger organization must meet the same requirements

listed above.

- C. Provide priority HIV prevention services to HIV-infected individuals (Competitive)** Approximately \$3.9 million will be awarded competitively to 2-5 project areas to support demonstration projects to provide priority HIV prevention services identified through HIV prevention community planning to HIV-infected individuals, especially to racial and ethnic minorities and others having difficulty accessing prevention or treatment services. These services should be comprehensive and consistent with the goals, activities, and services outlined in the attached document, "Examples of Priority Prevention Services for HIV-Infected Individuals." CDC will select the 2-5 project areas that are most highly ranked and hold budget discussions to determine which specific activities and services will be supported and how much money will be included in the award. CDC also will consider the extent to which the applicant is willing to contribute additional Federal, State, or local resources to this project. These recipients should include activities for both providing services within their jurisdictions and developing demonstration projects that can be adapted by other areas. CDC's

Division of HIV/AIDS Prevention (DHAP), CAPNPB (Community Assistance, Planning, and National Partnerships Branch), BIRB (Behavioral Intervention Research Branch), and PSRB (Prevention Services Research Branch) scientific staff will serve as technical advisors for projects in carrying out these activities.

The recipients of these funds should collaborate with other organizations such as colleges, universities, research institutions, hospitals, correctional facilities, community organizations, and other public and private organizations (e.g., managed care organizations) to carry out these service delivery and demonstration projects.

- D. Enhance or expand program evaluation capacities and activities (Formula)** States will be required to conduct evaluation activities during the next five-year project period that begins January 1, 1999; therefore, approximately \$2 million will be awarded to enhance evaluation capacities or to conduct high-priority HIV prevention evaluation activities. For each project area with a total approved CDC initial budget of at least \$4 million in 1998, CDC will provide an additional \$100,000 to enhance their evaluation capacities or to

conduct evaluation activities. The 2 to 5 applicants who compete successfully for funds to support priority HIV prevention services for HIV-infected individuals, will also receive funds, up to \$100,000 each, to enhance or expand the evaluation capacities for those projects. If funds are available, awards may be made to recipients whose initial award was less than \$4,000,000. Therefore, applicants whose initial award was less than \$4,000,000 may also apply for funds to enhance their evaluation capacity. Scientific staff from the CDC Division of HIV/AIDS Prevention - Surveillance and Epidemiology's Prevention Services Research Branch and the Program Evaluation Research Branch of DHAP-IRS will serve as technical advisors to projects carrying out these activities.

- E. **Supplemental award amount** The supplemental award amount for each eligible jurisdiction will be the sum of the amounts in sections A, B, C, and D.

### **3. Use of Funds**

- A. Plan and provide HIV prevention services to fill general high-priority unmet needs identified through HIV prevention community planning;
- 1) strengthen prevention support for individuals at high risk for HIV infection and provide

- assistance for HIV-infected individuals in accessing needed services;
- 2) hire personnel or contract with other organizations to conduct evaluation of HIV prevention activities; or
- 3) conduct other activities, interventions, and services as authorized in Program Announcement 804.

B. Recruit and train qualified staff for HIV prevention activities;

C. Further assess HIV prevention needs.

### **Program Requirements**

Program requirements for this supplement continue as stated in Program Announcement 804, especially those with respect to the protection of human subjects. Use of supplemental funds must be consistent with Congressional guidance for FY 1998. Specific Congressional language is attached.

### **Application Content and Format**

You must submit proposals for program activities, interventions, or services that are consistent with this guidance and the required and recommended activities specified in Program Announcement 804. You are encouraged to submit proposals for addressing general high-priority program needs, supporting racial and ethnic minority CBOs, providing services to HIV-infected



persons, and enhancing or expanding program evaluation capacities and activities. You must also submit plans for evaluation of all major activities to be supported with supplemental funds under this announcement.

All eligible State and local health departments already have submitted to CDC a funding application that includes a jurisdiction-wide comprehensive plan for HIV prevention for FY 1998. The plan you include in this application should clearly identify and describe unmet HIV prevention needs and program priorities. This original application and plan need not be resubmitted, unless you have made substantial revisions, as these materials will be provided to the CDC reviewers along with the application for supplemental funds. However, you may update, clarify, highlight, expand, or further justify information about your program, its community planning process, plans, needs, interventions, and priorities in the application for supplemental funds. You may also provide your assessment of what it may cost to address all unmet needs described in the original application, but your supplemental application must clearly describe the priority unmet needs to be addressed with supplemental funds and how funds will be used.

CDC places no page limit on the length of the supplemental application, but you are encouraged to limit it to 30 or fewer pages. You may reference your initial application and

comprehensive plan by page number to minimize the need to provide detailed information in the supplemental application.

Please organize your application as outlined below. Deviations from this outline could make it more difficult for CDC reviewers to fully understand the content of your application and its responsiveness to this guidance. Please use the attached application form (CDC 0.1246(E)). This form is also available on the Internet at <http://www.cdc.gov/od/pgo/forminfo.htm>.

Sequentially number all pages, including attachments, and clearly identify sections in your application. Suggested page limits are provided for your guidance.

1. **Summary of the Supplemental Proposal** - 1 page. For each funding category for which you are applying, briefly describe the priority unmet needs to be addressed with the supplemental funds. Include a brief description of populations or communities to be served, activities to be undertaken, and services to be provided.
2. **Summary of Changes** - 2 pages. Describe any updates or changes in the comprehensive HIV prevention plan that occurred as a result of new information or emerging needs that were created by reductions in CDC-awarded base funding for FY 1998. Changes might include new needs assessment information, a revision in priority

prevention needs, or any other relevant information.

3. **Community Planning Process** - 2 pages. Include a discussion of inclusion, representation, and parity in the community planning group. Describe the process used by the planning group to identify priority needs, especially those to be addressed with supplemental funds. Update information that was contained in the original FY 98 application if relevant or applicable.
4. **Response to External Review Report** - 1 to 2 pages. Summarize progress made or responses to recommendations, comments, or issues raised in the 1997 external review report of the original application, especially as these issues relate to the proposed use of supplemental funds. **This response does not replace your requirement to respond directly to the Procurement and Grants Office on conditions that were placed on your initial awards.**
5. **Unmet Needs and Goals, Objectives, and Program Plans to Meet General High-Priority HIV Prevention Needs** - 2-3 pages.
  - A. Specify the unmet priority needs that will be addressed with supplemental funds in this category. Discuss the magnitude of the unmet needs and the populations or communities affected. Explain how these priority unmet needs relate to

the epidemiologic profile, needs assessment, and community plan. Explain why the unmet needs are considered to be priorities.

- B. Summarize the plan and time line for using the supplemental funds. Include goals and objectives for populations to be served, activities, interventions, and evaluation. Describe the relevant science base or program experience supporting these activities. If the organizations to provide services have not yet been identified, describe the types of organizations that will be funded, including qualifications and experience of the organizations and their key staff. Explain how the providers will effectively address the priority HIV prevention needs.

**6. Unmet Needs and Goals, Objectives, and Program Plans to Support Minority Community-Based Organizations in Addressing High-Priority HIV Prevention Needs of African American and Latino Communities - 2-3 pages.**

- A. **Documentation of Need** - Specify the unmet priority HIV prevention needs of high risk African American and Latino populations that will be addressed with supplemental funds in this category. Discuss the magnitude of the unmet needs in the affected populations or communities. Explain how these priority unmet needs relate to the epidemiologic

profile, needs assessment, and community plan. Describe which needs will be addressed by minority CBOs under this program. Explain why these unmet needs are considered to be priorities and the likelihood that substantial HIV transmission will continue or increase should the identified needs not be met.

- B. **Capacity and Technical Assistance** - Describe your capacity to conduct the proposed activities. Describe previous experience with similar program activities and the outcome of these activities. Explain how the structure and capacities of your organization will support the proposed program activities. Describe the ability of your organization to issue RFPs, award funds to CBOs, develop contract proposals, recruit program staff, and expend, obligate, or contract CDC-awarded funds in a timely manner. Describe your capacity to evaluate the proposed program activities. Describe any technical assistance that your organization and the funded CBOs are likely to need and how this technical assistance will be delivered.
- C. **Goals** - Describe the overall goals for the proposed program activities over the course of the project period. What will the proposed activities

contribute to addressing the unmet needs described above?

- D. **Plan of Operation** - Describe your plans to fund minority CBOs to address the high-priority needs of African American and Latino communities as identified through community planning. Describe the types of activities, interventions, and services that will be supported for each population and the relevant science or program experience base supporting the use of these activities. Describe specific, realistic, measurable, time-phased objectives for the activities, interventions, and services to be provided to each population during the budget period. Describe the organizations (or types of organizations) that will perform the activities to reach the target communities and explain how the providers will effectively address the priority needs. Describe your plan and time line for developing contract proposals, recruiting program staff, and expending, obligating, or contracting CDC-awarded funds. Describe the process that will be used to request proposals from minority CBOs and the projected time line for funding these organizations.
- E. **Collaboration** - Describe any planned collaboration

with agencies and organizations, other than those noted above, in conducting the proposed program activities, including the roles of these agencies and organizations.

F. **Evaluation** - Describe how the proposed program activities will be evaluated and how the results of the evaluation will be used to improve the program.

7. **Unmet Needs and Goals, Objectives, and Program Plans to Provide Priority HIV Prevention Services to HIV-Infected Individuals** - 2-3 pages. (Use the attached document entitled "Examples of Priority Prevention Services for HIV-Infected individuals" as a guide.)

A. **Documentation of Need** - Specify the unmet priority HIV prevention needs of HIV-infected persons that will be addressed with supplemental funds in this category. Describe how the unmet need has been identified. Discuss the magnitude of the unmet needs in the affected populations or communities. Describe which needs will be addressed under this program. Explain how these priority unmet needs relate to the epidemiologic profile, needs assessment, and community plan. Explain why the unmet needs are considered to be priorities and the likelihood that substantial HIV transmission will continue or increase should the identified

needs not be met.

- B. **Capacity and Technical Assistance** - Describe your capacity to conduct the proposed activities. Describe previous experience with similar program activities and the outcome of these activities. Explain how the structure and capacities of your organization will support the proposed program activities. Describe your capacity to evaluate the proposed program activities.
- C. **Goals** - Describe the overall goals for the proposed program activities over the course of the project period. What will the proposed activities contribute to addressing the unmet needs described above?
- D. **Plan of Operation** - Describe your plans to provide comprehensive priority HIV prevention services to HIV-infected persons as identified through community planning. Describe the types of activities, interventions, and services that will be supported for and the relevant science or program experience base supporting the use of these activities. Describe specific, realistic, measurable, time-phased objectives for the activities, interventions, and services to be provided during the budget period. Describe the organizations (or types of organizations), and the



criteria for their selection, that will perform the activities to reach HIV-infected individuals and provide them with prevention services. Explain how the providers will effectively address the priority needs. Include information about the experience and professional qualifications of proposed staff. Describe how you will ensure that the model you develop could be potentially used by other states or local areas.

E. **Collaboration** - Describe how these services will be coordinated with the Ryan White funded programs and activities. Describe how counseling and testing sites will be linked with medical care and antiretroviral treatment services. Provide specific examples of intended referral and networking strategies, including roles of collaborating agencies and organizations and letters of collaboration documenting these relationships.

F. **Evaluation** - Describe how the proposed program activities will be evaluated and how the results of the evaluation will be used to improve the program and to identify service delivery models for use by other jurisdictions.

8. **Evaluation** - 3 to 5 pages. If your initial 1998

approved CDC HIV prevention budget is at least \$4 million, you must submit plans for hiring new evaluation personnel or undertaking additional evaluation activities to build your capacity in this area. If your initial 1998 approved CDC HIV prevention budget is less than \$4,000,000, you may request funds to expand or enhance your evaluation capacity, but resources may not be adequate to fund these requests. These funds are available for strengthening State and local health department evaluation capacity and enhancing evaluation efforts. Summarize the evaluation components that will be developed or improved as a result of the supplemental funding. Describe the roles and duties of any new staff. Include goals and a brief summary of evaluation methods that will be used. Describe why these specific evaluation activities are priorities and why you believe these particular capacities and these particular activities will yield important information that will help improve the effectiveness of HIV prevention efforts.

9. **Summary of the Funding Process** - 1 page. Describe the process and specify the time line that will be used to develop requests for proposals (RFPs) and select service providers to be funded. This is especially relevant to contracts that will be established with minority CBOs or other agencies to provide services for

HIV-infected individuals.

10. **Justified budgets** Include separate, comprehensive budgets for each of the funding categories for which you are applying (addressing general high-priority program needs, supporting racial and ethnic minority community-based organizations in addressing general high-priority HIV prevention needs identified through community planning for African American and Latino communities, providing HIV prevention services to HIV-infected persons, or enhancing or expanding program evaluation capacities and activities) outlining the use of the supplemental funds. Use separate columns on the 424A for each category.

11. **Required Documentation and Other Attachments**

- A. You must submit the following documentation:
  - 1) Updated letters of concurrence or nonconcurrence from all applicable Statewide or citywide community planning groups. The letters should indicate the extent to which the HIV prevention community planning groups have reviewed and agreed upon the program priorities contained in this supplemental application. At a minimum, the letters should be signed by the co-chairs on behalf of the groups. If letters of concurrence include reservations or a statement of

concern or issues, or if there is a letter of nonconcurrency, you must address these concerns in your application. Instances of planning group concerns or nonconcurrency do not necessarily mean that supplemental funding will be denied. CDC will evaluate and assess these situations on a case-by-case basis and, after consultation, determine what action, if any, may be appropriate.

- 2) Letters of support and collaboration.
- 3) Other Attachments - Other attachments relevant to the use of supplemental funds. (Please keep attachments to a minimum and number each application page sequentially, including all attachments.)

### **Application Submission and Deadline**

On or before **July 1, 1998**, submit the original and **two copies** of the application to

Kevin Moore, Grants Management Specialist (804S)  
Grants Management Branch, Procurement and Grants Office,  
Centers for Disease Control and Prevention (CDC)  
255 East Paces Ferry Road NE, Room 300, Mail Stop E-15,  
Atlanta, GA 30305

### **Evaluation Criteria**

1. **Technical acceptability review** All eligible applicants for categories A. and D. will receive funding. CDC will therefore use the "technical acceptability review" (TAR) to determine if each application is technically acceptable against the following criteria.
  - A. Does the application include an acceptable discussion of the community planning process in the jurisdiction?
  - B. Does the response to the external review report adequately address the weaknesses identified?
2. **Competitive objective review** All applications for categories B. and C. for FY 1998 supplemental funding will be reviewed by a CDC-convened objective review committee. Applications also will undergo a technical review by CDC's Division of HIV/AIDS Prevention (DHAP) staff. Documents that will be reviewed include each eligible applicant's initial application for FY 1998 funding, including the comprehensive HIV prevention plan, the supplemental application, and the project officer's, technical liaison's, or other designated CDC staff member's technical review of the supplemental application. Each application will be reviewed and scored by the objective review committee in accordance with the following general criteria (the maximum number of points for each criterion also are included):
  - A. **Criteria for categories B. and C.**

- 1) **Community Planning Process** - The extent to which inclusiveness, representation, and overall parity in the HIV prevention community planning process have been achieved and the quality of the process used by the planning group to identify priority needs, especially those to be addressed with supplemental funds. (15 points)
- 2) **Response to External Review Report** - The quality of the applicant's response to the recommendations, comments, or issues raised in the 1997 external review report of the original FY1998 community plan and application, especially as these issues relate to the proposed use of supplemental funds. (15 points)

**B. Criteria for category B. only (supporting minority CBOs)**

- 1) **Documentation of Need** - The magnitude and extent of the identified priority needs to be addressed with supplemental funding for minority CBOs, the degree to which they are consistent with the epidemiologic profile and comprehensive HIV prevention plan, and the likelihood that substantial HIV transmission will continue should the identified needs not

be met. (10 points)

- 2) **Capacity** - The extent to which the applicant has the capacity to conduct the proposed activities; to issue RFPs, award funds to CBOs, develop contract proposals, recruit program staff, and expend, obligate, or contract CDC-awarded funds in a timely manner; to evaluate the proposed program activities; and to identify and address technical assistance needs. (10 points)
- 3) **Goals** - The extent to which the stated program goals are consistent with the intent of this supplemental program announcement and the degree to which they address the identified priority needs. (10 points)
- 4) **Proposed Program Plan** (25 points)
  - a. The appropriateness of proposed activities and interventions and extent to which they are targeted to address the identified priority needs.
  - b. The degree to which the proposed activities, interventions, and services to be supported with supplemental funds for minority CBOs are based on science or program experience.
  - c. The quality of the proposed objectives

and the extent to which they are specific, realistic, measurable, and time-phased.

- d. The appropriateness of the types of organizations proposed to deliver services and the likelihood that the providers will be able to effectively address the identified priority needs.
- e. The appropriateness of the process and time line for issuing RFPs, awarding funds to CBOs, developing contract proposals, recruiting program staff, and expending, obligating, or contracting CDC-awarded funds.
- f. The likelihood that the proposed activities, interventions, and services will achieve the stated program goals and reduce HIV transmission.

- 5) **Planned Collaborations** - The extent to which the planned collaborations will contribute to the overall goals of this program. (5 points)
- 6) **Plan for Evaluating Program Activities** - The quality of the plan for evaluating the proposed program activities in this category and the likelihood that the evaluation will provide information that will lead to



improvement of the program. (10 points)

**C. Criteria for category C. only (competitive funding to provide priority HIV prevention services for HIV-infected people)**

1) **Documentation of Need** - The magnitude, extent, and the scientific significance of addressing the identified priority needs and to be addressed with supplemental funding. The degree to which the needs relate to the epidemiologic profile and comprehensive HIV prevention plan, and the likelihood that substantial HIV transmission will continue should the identified needs not be met.  
(10 points)

2) **Capacity** - The extent to which the applicant has the capacity to conduct the proposed activities; to issue RFPs, award funds to CBOs, develop contract proposals, recruit program staff, and expend, obligate, or contract CDC-awarded funds in a timely manner; to evaluate the proposed program activities; and to identify and address technical assistance needs. The extent to which the applicant has the demonstrated capacity to conduct surveys, studies, and

other means to evaluate the impact of activities and services. (20 points)

- 3) **Goals** - The extent to which the stated program goals are consistent with the intent of this supplemental program announcement and the degree to which they address the identified priority needs. (10 points)

- 4) **Proposed Program Plan** (15 points)

- a. The appropriateness of proposed activities and interventions and extent to which they are targeted to address the identified priority needs.
- b. The degree to which the proposed activities, interventions, and services to be supported with supplemental funds are based on science and program experience.
- c. The science or evidence basis for the effectiveness of proposed activities and interventions and extent to which they are targeted to address the identified priority needs. The integrity of proposed methodology.
- d. The quality of the proposed objectives and the extent to which they are specific, realistic, measurable, and

time-phased.

- e. The likelihood that the proposed activities, interventions, and services will achieve the stated program goals and reduce HIV transmission.
- f. The likelihood that the proposed project will result in findings or service delivery models replicable in other jurisdictions
- g. If the applicant proposes to subcontract, the appropriateness of the types of organizations proposed to deliver services and the likelihood that the providers will be able to effectively address the identified priority needs.
- h. If the applicant proposes to subcontract, the appropriateness of the process and time line for issuing RFPs, awarding funds, developing contract proposals, recruiting program staff, and expending, obligating, or contracting CDC-awarded funds.

- 5) **Planned Collaborations** - The extent to which the planned collaborations with colleges, universities, research institutions,

hospitals, correctional facilities, community organizations, and other public and private organizations (e.g., managed care organizations) will contribute to the overall goals of this program. (5 points)

- 6) **Plan for Evaluating Program Activities** - The quality of the plan for evaluating the proposed program activities and providing scientific oversight in this category and the likelihood that the evaluation will provide information that will lead to improvement of the program. (10 points)

#### **Where to Obtain Additional Information**

The application package includes a complete program description and information on application procedures. Business management assistance may be obtained from

Kevin Moore, Grants Management Specialist

Grants Management Branch, Procurement and Grants Office

Centers for Disease Control and Prevention

255 East Paces Ferry Road NE, Room 300, Mail Stop E-15

Atlanta, GA 30305

telephone (404) 842-6550, e-mail address [kgml@cdc.gov](mailto:kgml@cdc.gov).

You may obtain programmatic technical assistance and copies of reference documents from your project officer.



## Congressional Language

The House Labor-HHS Appropriations Committee stated in its FY 1998 report that it

" ... continues to support the community planning process as the optimal way to set priorities for prevention services. CDC is urged to give priority to funding for HIV prevention cooperative agreements with State and local health departments where this concern is already reflected in unmet needs identified in local HIV prevention plans. Current and emerging issues requiring emphasis include:

(a) implementing general high-priority HIV prevention interventions identified through the HIV community planning process conducted in local jurisdictions, including targeting programs to populations determined to be at high risk;

(b) strengthening ongoing prevention support for high risk HIV-negative individuals and linkage to primary care for HIV-positive individuals;

(c) redirecting HIV counseling and testing programs to take advantage of new testing technologies; and

(d) implementing CDC guidelines for counseling and testing of pregnant women."

## **Attachment 1**

### **Examples of Priority Prevention Services for HIV-Infected Individuals**

**Goal 1: Increase the number and proportion of individuals at high risk who know their HIV sero status: as early as possible after initial infection**

1. Conduct targeted programs to promote the idea and benefits of learning HIV sero status using a marketing, communications model.
2. Identify and remove barriers to persons seeking and accessing counseling and testing services including maintaining opportunities for anonymous testing.
3. Extend the outreach of counseling and testing services to community settings using new testing technologies.
4. Encourage HIV counseling and testing at each health department encounter.
5. Improving and enhancing return rates for HIV-infected persons to learn their sero status through determining and addressing the reasons for not returning or the barriers to returning.

6. Implement new testing technologies (rapid testing, oral fluid testing, viral load, PCR, etc) to facilitate individuals at risk learning their sero status.

7. Use partner counseling and referral services to assist individuals at high risk in learning their sero status.

**Goal 2: Provide HIV primary prevention services to HIV-infected individuals including**

8. Client-centered counseling with continuous support for all HIV-infected individuals.

9. Multi session individual, couples, or group risk reduction counseling as needed for HIV-infected individuals, with priority for those most likely to transmit the virus to others.

10. Developing strategies for working with HIV-infected individuals who are having difficulty modifying high risk behaviors

11. Considering all HIV-infected individuals who are at substantial risk of transmitting the virus as candidates for Prevention Case Management services.

12. On-going HIV prevention services within the context of



medical care, and antiretroviral therapy in accordance with PHS guidelines.

13. Sex and needle-sharing partner counseling and referral services to all HIV-infected individuals and give higher priority to provider-referral systems.

14. Ensure priority for drug treatment services for HIV-infected injection drug users.

**Goal 3: Assist all HIV-infected individuals in accessing medical care, antiretroviral treatment and other needed services**

15. Identify models for strengthening linkages with medical care and other services needed by HIV-infected individuals.

16. Monitor and evaluate referral systems.

17. Assist HIV-infected women in learning their sero status.

18. Substantially reduce or eliminate the risk of perinatal transmission of HIV through antiretroviral treatment.

19. Ensure STD screening, diagnosis, treatment and related counseling for all HIV-infected individuals.

20. Develop and provide behavioral intervention services and other support for adherence to antiretroviral treatment and prevention of opportunistic infections.

**Goal 4: Strengthen quality assurance, training and technology transfer systems for services provided to HIV-infected and uninfected individuals at high risk**

21. Establish performance standards for counseling and testing services supported with CDC-awarded funds and assess their implementation.

22. Require certification of providers to ensure they will agree to meet standards as a condition of using CDC-awarded funds. Conduct periodic assessments to ensure they are meeting standards.

23. Provide models for quality assurance systems that will be used to maintain or improve the quality of counseling and testing services.

24. Assess all training curricula and begin an initiative to update the training of counselors as it relates to new technologies, policies, and service systems.